



June 23, 2014

Ms. Grissel V. Diaz-Cotto  
Emergency and Remedial Response Division  
United States Environmental Protection Agency  
Region II  
290 Broadway, 19<sup>th</sup> Floor  
New York, NY 10007-1866

**Re: May 2014 Discharge Monitoring Report  
Leachate Treatment Plant, Operable Unit 1  
Kin-Buc Landfill Superfund Site**

Dear Ms. Diaz-Cotto:

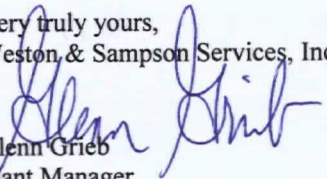
Please find enclosed the May 2014 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit One at the Kin-Buc Landfill Superfund Site.

Weston & Sampson Services, Inc. would like to confirm the following:

- Effluent parameters sampled throughout the month were within permitted limits.

Should you have any questions concerning this DMR or the Treatment Plant, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,  
Weston & Sampson Services, Inc. on behalf of SCA Services, Inc.

  
Glenn Grieb  
Plant Manager  
Enclosure

Cc: Martha Goodwin – NJDEP  
Stephen Joyce – SC Holdings, Inc.  
Mark Devine – SC Holdings, Inc.  
John A. Bocchino, Jr. – Weston & Sampson Services, Inc.

294334



Connecticut  
273 Dividend Road  
Rocky Hill, CT 06067

Rhode Island  
477B Tiogue Avenue  
Coventry, RI 02816

New Hampshire  
100 International Drive  
Suite 152  
Portsmouth, NH 03801

Maine  
PO Box 189  
York, ME 03909

Vermont  
96 South Main Street  
Suite 2  
Waterbury, VT 05676

New York  
301 Manchester Road  
Suite 201A  
Poughkeepsie, NY 12603

Florida  
1990 Main Street  
Suite 750  
Sarasota, FL 34236

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDDES NO.  
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\*NJ Permit Equivalent

REPORTING PERIOD  
M o. Y r.      M o. Y r.  

0	5	1	4
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0	5	1	4
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PERMITTEE:      Name:      SCA Services, Inc.  
                         Address:      383 Meadow Road  
                              Edison, New Jersey 08817

FACILITY:      Name:      Kin-Buc Landfill  
                         Address:      383 Meadow Road  
                              Edison, New Jersey 08817  
                         Telephone:      732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY  
\_\_ T-VWX-007 \_\_ T-VWX-008 \_\_ T-VWX-009  
\_\_ EPA Form 3320-1

DYE TESTING      YES NO  
                              \_\_ X

SLUDGE REPORT-INDUSTRIAL  
\_\_ T-VWX-010A \_\_ T-VWX-010B

TEMPORARY BYPASSING      \_\_ X

DISINFECTION INTERRUPTION      \_\_ X

WASTEWATER REPORTS  
\_\_ T-VWX-011 \_\_ T-VWX-012 \_\_ T-VWX-013

MONITORING MALFUNCTIONS      \_\_ X

GROUNDWATER REPORTS  
\_\_ T-VWX-015(A,B) \_\_ T-VWX-016 \_\_ T-VWX-017  
\_\_ ELECTRONIC SUBMISSION

UNITS OF OPERATION      \_\_ X

OTHER      \_\_ X

NPDES DISCHARGE MONITORING  
1 EPA Form 3320-1

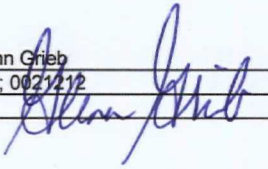
(Detail any "Yes" on reverse side in appropriate space.)

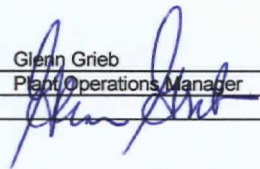
NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

PRINCIPAL EXECUTIVE OFFICER OR  
DULY AUTHORIZED REPRESENTATIVE

Name (Printed)      Glenn Grieb  
Grade & Registry No.      N-4 ; 0021212  
Signature      

Name (Printed)      Glenn Grieb  
Title (Printed)      Plant Operations Manager  
Signature      

Date June 17, 2014[illegible]

0	5
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
8	8	4	0	0	0	0	8	8	6	3	8	7	8	8	8
16	8	0	0	8	8	8	16	16	0	0	16	16	16	16	10
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
0	3	9.5	8	6	9	8	0	0	0	4	3	8	2	0	
0	0	16	16	8	8	16	0	0	4	8	16	8	16	0	



PERMITTEE NAME/ADDRESS

NAME  
ADDRESS

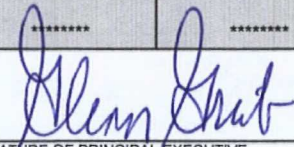
FACILITY  
LOCATION

**SCA SERVICES, INC.**  
**383 MEADOW ROAD**  
**EDISON, NEW JERSEY 08817**

**KIN-BUC LANDFILL**  
**EDISON, NEW JERSEY**  
**Mark Devine**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	05	01	14	05	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.024136	0.036816	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****			continuous	flow meter
pH	SAMPLE MEASUREMENT	*****	*****	***	8.10	*****	8.27	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	0.48	0.6	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	26.84	29.63	kg/day	*****	206	231	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY			2/month	comp.
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	1.70	1.70	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****		*****	56	220			2/month	comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.67	0.90	kg/day	*****	5.25	6.80	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	5.17	*****	*****	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 MIN. Instantaneous	*****	*****			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		732	572-4743	14
TYPED OR PRINTED							AREA CODE	NUMBER		YEAR MO DAY	
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									



PERMITTEE NAME/ADDRESS

NAME

ADDRESS

FACILITY

LOCATION

ATTN:

**SCA SERVICES, INC.**  
**383 MEADOW ROAD**  
**EDISON, NEW JERSEY 08817**

**KIN-BUC LANDFILL**  
**EDISON, NEW JERSEY**  
**Mark Devine**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	<0.0000104	<0.0000106	kg/day	*****	<0.08	<0.08	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134				
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000143	<0.0000146	kg/day	*****	<0.11	<0.11	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380				
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000170	<0.0000172	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59				
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.0000130	<0.0000132	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380				
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000130	<0.0000132	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.008	0.025		*****	52	164				
TOLUENE	SAMPLE MEASUREMENT	<0.0000242	0.0000291	kg/day	*****	0.19	0.22	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74				
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000170	<0.0000172	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.009		*****	25	60				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743 AREA CODE NUMBER		14 06 17 YEAR MO DAY		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)



PERMITTEE NAME/ADDRESS  
NAME  
ADDRESS

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

FACILITY  
LOCATION  
ATTN:

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
Mark Devine

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT		001	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	TO
14	05	01	14 05 31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000117	<0.0000119	kg/day	*****	<0.09	<0.09	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.010		*****	26	69			2/month	grab
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000179	<0.0000185	kg/day	*****	<0.14	<0.14	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.008	0.016		*****	52.8	106			weekly	grab
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0002217	<0.0002252	kg/day	*****	<1.7	<1.7	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000228	<0.0000231	kg/day	*****	<0.18	<0.18	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.0000176	<0.0000180	kg/day	*****	<0.135	<0.140	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0001160	<0.0001168	kg/day	*****	<0.890	<0.910	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.0000176	<0.0000180	kg/day	*****	<0.135	<0.140	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
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Glenn Grieb Project Manager											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				732 572-4743		14 06 17			

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(REFERENCE ALL ATTACHMENTS HERE)  
<0.00017



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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000176	<0.0000180	kg/day	*****	<0.135	<0.140	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0001409	<0.0001457	kg/day	*****	<1.1	<1.1	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000016	<0.0000016	kg/day	*****	<0.012	<0.012	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab
4,4-DDT	SAMPLE MEASUREMENT	<0.0000032	<0.0000033	kg/day	*****	<0.025	<0.025	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000578	0.000146		*****	0.38	0.765			weekly	grab
PCB-1242	SAMPLE MEASUREMENT	<0.0000038	<0.0000040	kg/day	*****	<0.03	<0.03	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.0000038	<0.0000040	kg/day	*****	<0.03	<0.03	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.0000047	<0.0000049	kg/day	*****	<0.04	<0.04	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
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Glenn Grieb Project Manager							732 572-4743		14 06 17		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY
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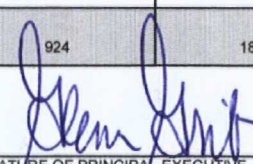
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14	05	01		14	05	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PCB-1260	SAMPLE MEASUREMENT	<0.000047	<0.000049	kg/day	*****	<0.04	<0.04	ug/L	0	1/week	grab	
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab	
ARSENIC	SAMPLE MEASUREMENT	0.0005704	0.0006393	kg/day	*****	4.50	5.00	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	0.013	0.026		*****	85.8	172			weekly	comp	
CADMIUM	SAMPLE MEASUREMENT	<0.0002818	<0.0002914	kg/day	*****	2.2	2.2	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	0.0073	0.017		*****	48.2	112			weekly	comp	
CHROMIUM	SAMPLE MEASUREMENT	0.0005764	0.0005981	kg/day	*****	4.50	4.50	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	0.030	0.060		*****	198	396			weekly	comp	
COPPER	SAMPLE MEASUREMENT	0.0004834	0.0007981	kg/day	*****	3.8	6.5	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp	
LEAD	SAMPLE MEASUREMENT	0.0001793	0.0001855	kg/day	*****	1.40	1.40	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp	
NICKEL	SAMPLE MEASUREMENT	0.0040598	0.0044006	kg/day	*****	31.7	34.3	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	0.140	0.281		*****	924	1850			weekly	comp	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)						TELEPHONE		DATE		
Glenn Grieb Project Manager								732	572-4743	14	06	17
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC	SAMPLE MEASUREMENT	0.0023313	0.0024111	kg/day	*****	18.2	18.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.177	0.356		*****	1170	2350			weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.0006084	<0.0009141	kg/day	*****	4.7	6.9	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.002	0.004		*****	13.2	26.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	0.0547329	0.0692851	kg/day	*****	426.8	523.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18500			weekly	comp
IRON	SAMPLE MEASUREMENT	0.0280285	0.0362985	kg/day	*****	218.5	274.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	80.6	162		*****	532000	1070000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	***	n/a	*****	*****	%	0		
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****			see permit	equivalent
Ammonia	SAMPLE MEASUREMENT	*****	*****	***	*****	0.185	0.210	mg/l	0	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	4.9	10.0			2/month	comp
	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	***	***	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 05 17		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									